

FILED FEB 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1899

BIRTH NO.		REG. DIST. NO. 222		PRIMARY REG. DIST. NO. 4333		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg		0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers				d. STREET ADDRESS (If rural, give location) No street numbers			
3. NAME OF DECEASED (Type or Print) Arthur		b. (Middle) Stewart		c. (Last) Clutter		4. DATE OF DEATH (Month) (Day) (Year) 1/23/1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3/19/1884	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		9. AGE (In years last birthday) 66	
11. BIRTHPLACE (State or foreign country) Cooper County, Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Edward T. Clutter		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 300-10-7673		17. INFORMANT'S SIGNATURE OR NAME Edward Clutter, Norwood, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 002 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) Clarksburg Moniteau Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 15, 1950 , to Jan 33, 1951 , that I last saw the deceased alive on Jan 23, 1951 , and that death occurred at 10:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE D. H. Benion D.O.				23b. ADDRESS 2 California, Mo		23c. DATE SIGNED 1/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/25/51		24c. NAME OF CEMETERY OR CREMATORY Sappington		24d. LOCATION (City, town, or county) (State) Clarksburg, Mo	
DATE REC'D BY LOCAL REG. Jan 29-51		REGISTRAR'S SIGNATURE Birdie Sturgis		25. FUNERAL DIRECTOR'S SIGNATURE James E. Richards		ADDRESS Linton Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-31-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *James E. Richard*

Licensed Embalmer No. *2466*

P. O. Address *Leptau Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.